L22000533658

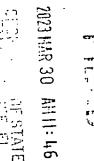
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COVER LETTER

	gistration Sect ision of Corp					
CUBINZYP.	LIFE EMPO	WERMENT LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Peter Brand				
			Name of Person			
			Firm/Company			
		321 Montgomery Rd #161371				
			Address			
		Altamonte Springs, FL	32716			?0
		pcb.services.llc@gmail.com	City/State and Zip Code)023 H&R 3.0
		E-mail address: (to be used for future annual report notific	cation)	9	ည ည
For further in	ıformation cor	cerning this matter, please ca	all:			
Peter Brand			407 919-3763 at ()			.π. ι. Ε.
	Name of F	Person	Area Code Daytime	Felephone Number	- m	וב
Enclosed is a	check for the	following amount:				
≘ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassaa El 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE EMPOWERMENT LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number L22000533658	were filed on 12/21/2022	and assigne	ed
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C.	••
nter new principal offices address, if applicable:	818 Renaissance Pointe	2	
Principal office address MUST BE A STREET ADDRESS)	Apt. 202	231	_
	Altamonte Springs, FL 32714	<u> </u>	g
		30	<u> </u>
nter new mailing address, if applicable:	321 Montgomery Rd #161371		 ភូដ
Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs, FL 32716		
		T. TE	
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	e name of the new re	giste
	, Floric		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			Remove Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

		<u> </u>
	<u> </u>	
Tective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requiremen	its, this date will not be listed as
is filed.	2023	· ~
	. 2023	2023 HAR 30

Filing Fee: \$25.00